FORM D



UNITED STATES RECEIVED SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGUEATION D. SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

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OMB Number:

3235-0076

Expires:

May 31, 2005

Estimated average burden hours per form..... 1.0

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Prefix			Serial
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Name of Offering (check if this is	an amendment and name has ch	anged, and indicat	e change.)		
Series B Preferred Stock Financing					
Filing Under (Check box(es) that appl	r): □ Rule 504 □ Rule 505		Section 4(6)	□ ULOE	
Type of Filing: ⊠ New Filing □ A	nendment				
	A. BASIC IDE	NTIFICATION	DATA		
1. Enter the information requested abo	ut the issuer				
Name of Issuer (check if this is an	amendment and name has chang	ged, and indicate c	hange.)		
Nanochip, Inc.					
Address of Executive Offices	(Number and S	treet, City, State, 2	Zip Code)	Telephone Number	(Including Area Code)
7700 Edgewater Drive, Ste. 665	Oakland, C	CA 94621		(408)	858-4681
Address of Principal Business Operati	ons (Number and S	treet, City, State, 2	Zip Code)	Telephone Number	(Including Area Code)
(if different from Executive Offices)	same				Same
Brief Description of Business					
Computer memory device design an	d distribution				
Type of Business Organization					FRONCECCO
	nited partnership, already forme	d 🗇	other (please sp	pecify):	
☐ business trust ☐ lin	nited partnership, to be formed				MAD 1 9 mm
	Month	Year			LIMIN - E SAME
Actual or Estimated Date of Incorpora	tion or Organization: 1 2	9 6	সে .	Actual Estimated	THOMSON
Jurisdiction of Incorporation or Organ		octal Service abbr			FEVENCIAL
Jurisdiction of fricorporation of Organ	CN for Canada; FN			CA	
المراكبي	CIVIOI Callada, IIV	Tor ource foreign je	urisaletion)		

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the appendix need not be filed with the

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available estate exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

		A. BASIC IDEN	TIFICATION DATA								
2. Enter the information req	uested for the fo	llowing:									
 Each promoter of t 	the issuer, if the	issuer has been organized	d within the past five yea	rs;							
 Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and 											
 Each executive off 	ficer and director	of corporate issuers and	of corporate general and	managing part	ners of partnership issuers; and						
		r of partnership issuers.	. •		•						
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☑ Executive Officer	☑ Director	General and/or Managing Partner						
Full Name (Last name first,	if individual)										
Knight, Gordon											
Business or Residence Addr	ess (Number an	d Street, City, State, Zip	Code)								
c/o Nanochip, Inc., 7700 E											
Check Box(es) that Apply:		⊠ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner						
Full Name (Last name first,	if individual)										
Rust, Thomas											
Business or Residence Addr	ess (Number an	d Street, City, State, Zip	Code)								
c/o Nanochip, Inc., 7700 E	dgewater Drive	, Suite 665, Oakland C	A 94621								
Check Box(es) that Apply:	☐ Promoter	☑ Beneficial Owner	ĭ Executive Officer	☑ Director	☐ General and/or Managing Partner						
Full Name (Last name first,	if individual)										
Fiddler, Jerry											
Business or Residence Addr	ess (Number an	d Street, City, State, Zip	Code)								
c/o Nanochip, Inc., 7700 E	dgewater Drive	, Suite 665, Oakland C	A 94621								
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner						
Full Name (Last name first,	if individual)										
Sooriakumar, K.	•										
Business or Residence Addr	ress (Number an	d Street, City, State, Zip	Code)	 							
c/o Nanochip, Inc., 7700 E	dgewater Drive	, Suite 665, Oakland C	A 94621								
Check Box(es) that Apply:	<u> </u>	☑ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner						
Full Name (Last name first,	if individual)										
Estate of Joanne Culver	,										
Business or Residence Addr	ress (Number an	nd Street, City, State, Zip	Code)								
P.O. Box 13249, Oakland,	CA 94661		,								
Check Box(es) that Apply:	☐ Promoter	☑ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner						
Full Name (Last name first,	if individual)										
Sensefab PTE LTD	,										
Business or Residence Add	ress (Number ar	nd Street, City, State, Zip	Code)								
85 Science Park Drive, #03	-		,								
Check Box(es) that Apply:		☑ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner						
Full Name (Last name first,	if individual)										
AKN Technology BHD											

Business or Residence Address (Number and Street, City, State, Zip Code)

810 Block A, Phileo Damansara II, 15 Jalan 16/11, 46350 Petaling Jaya, Selangor Darul Ehsan, Malaysia

A. BASIC IDENTIFICATION DATA 2. Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: ☐ Promoter ⊠ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) JK&B Capital III, L.P. Business or Residence Address (Number and Street, City, State, Zip Code) Two Prudential Plaza, 180 Stentson Ave., Ste. 4500, Chicago, IL 60601 ☐ General and/or Check Box(es) that Apply: Promoter ⊠ Beneficial Owner ☐ Executive Officer ☐ Director Managing Partner Full Name (Last name first, if individual) JK&B Capital IV, L.P. Business or Residence Address (Number and Street, City, State, Zip Code) Two Prudential Plaza, 180 Stentson Ave., Ste. 4500, Chicago, IL 60601 Check Box(es) that Apply: ☐ Promoter ⊠ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) New Enterprise Associates 10 L.P. Business or Residence Address (Number and Street, City, State, Zip Code) 1119 St. Paul St., Baltimore MD 21202 Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) ☐ Beneficial Owner ☐ Executive Officer Check Box(es) that Apply: ☐ Promoter ☐ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)

						B. INFO	RMATIC	ON ABOU	JT OFFE	RING					
		*··					,					····		Yes	No
1.	Has the	e issuer	sold, or	does the i	ssuer inte	nd to sell,	to non-ac	credited in	nvestors ir	this offer	ring?	•••••			\boxtimes
			A	nswer also	o in Appe	ndix, Colu	umn 2, if	filing unde	r ULOE.						
2.	What is	s the m	iinimum i	nvestmen	t that will	be accept	ted from a	ny individ	lual?					\$_N	<u>/A</u>
												Yes	No		
3. Does the offering permit joint ownership of a single unit?											\boxtimes				
4.	or simi listed is of the b	lar ren s an ass oroker	nuneration sociated p or dealer.	n for solic person or : . If more	itation of agent of a than five	purchaser broker or	s in conne dealer re s to be lis	ection with gistered w	sales of sith the SE	securities C and/or	in the offewith a sta	ering. If a te or state	ny commission person to be s, list the name aler, you may		
Full Na N/A	ame (Las	st name	e first, if ir	ndividual)											_
Busine	ss or Re	sidence	Address	(Number	and Street	, City, Stat	e, Zip Coo	le)				··-			
	·														
Name o	of Assoc	ciated E	Broker or I	Dealer											
States i	in Whiel	h Perso	n Listed F	las Solicit	ed or Inter	nds to Soli	cit Purcha	sers							
														□ All	States
[AL		AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]		
[IL]	1]	N]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]		
[M] [RI]		VE] SC]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] {WI}	[OR] [WY]	[PA] [PR]		
				ndividual)											
Busine	ss or Re	sidence	e Address	(Number	and Street	, City, Sta	te, Zip Coo	de)							
Name	of Assoc	ciated I	Broker or	Dealer			<u> </u>								
States	in Whic	h Perso	n Listed I	Has Solicit	ed or Inte	nds to Soli	cit Purcha	sers							
(Ch	eck "All	States	" or check	individua	al States)	,,								□ All	States
[AL	.] [/	AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]		
[IL] [M]		NE] NE]	[IA] [NV]	[KS] [NH]	[KY] [NJ]	[LA] [NM]	[ME] [NY]	[MD] [NC]	[MA] [ND]	[MI] [OH]	[MN] [OK]	[MS] [OR]	[MO] [PA]		
[RI]		SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]		
Full N	ame (La	ıst nam	e first, if i	ndividual)							<u> </u>		<u></u>		
Busine	ess or Re	esidenc	e Address	(Number	and Street	t, City, Sta	te, Zip Co	de)							
Name	of Asso	ciated 1	Broker or	Dealer											-,
TAMILE	OI 71330		DIOREI OI	Dealer											
						nds to Soli								_	
(Ch	eck "Al	1 States	" or check	c individua	al States)	•••••								☐ All	States
[AL [IL] [M]	ן [ו	AK] [N] NE]	[AZ] [IA] [NV]	[AR] [KS] [NH]	[CA] [KY] [NJ]	[CO] [LA] [NM]	[CT] [ME] [NY]	[DE] [MD] [NC]	[DC] [MA] [ND]	[FL] [MI] [OH]	[GA] [MN] [OK]	[HI] [MS] [OR]	[ID] [MO] [PA]		
[RI		SC]	[SD]	[TN]	[TX]	[UT]		[VA]	[WA]	[WV]	[WI]	[WY]	[PR]		

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE O	F PRC	CEEDS		
	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \square and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		·		
	Type of Security		ggregate ering Price	An	nount Already Sold
	Debt	\$	0	\$	00
	Equity	\$ <u>11</u>	,480,000.00*	\$	11,480,000.00*
	☐ Common ☑ Preferred				
	Convertible Securities (including warrants)	\$		\$	
	Partnership Interests				00
	Other (Specify)	\$	0	\$	0_
	Total				
	Answer also in Appendix, Column 3, if filing under ULOE.				
	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	,	y 1		
			Number nvestors		Aggregate ollar Amount of Purchases
	Accredited Investors		16	\$	11,480,000.00
	Non-accredited Investors		0	\$	0
	Total (for filings under Rule 504 only)			\$	
	Answer also in Appendix, Column 4, if filing under ULOE.				
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.				
	Type of offering		Type of Security	D	ollar Amount Sold
	Rule 505		•	\$	-
	Regulation A		0	\$ \$	0
	Rule 504		0	\$ \$	0
	Total	-	0	\$ \$	0
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.				
	Transfer Agent's Fees			\$	0
	Printing and Engraving Costs			\$	0
	Legal Fees		X	\$	75,000.00
	Accounting Fees			\$	00
	Engineering Fees			\$	0
	Sales Commissions (specify finders' fees separately)			\$	00
	Other Expenses (identify) Finders fees			\$	00
	Total		X	\$	75,000.00
*T	is amount includes debt conversions valued at \$901,000.00 pursuant to convertible notes owed by the Con	npany.			

Enter the difference between the aggregate offering price given in response to Part C – Quantum control of the issuer." This difference is the "a roceeds to the issuer."	adjuste	d gross		\$ <u>11,405,000.00</u>			
dicate below the amount of the adjusted gross proceeds to the issuer used or proposed ach of the purposes shown. If the amount for any purpose is not known, furnish an estimate box to the left of the estimate. The total of the payments listed must equal the arroceeds to the issuer set forth in response to Part C - Question 4.b above.	at for any purpose is not known, furnish an estimate and check total of the payments listed must equal the adjusted gross						
		Payments to Officers, Directors & Affiliates		Payments to Others			
Salaries and fees		\$0	X	\$ <u>75,000.00</u>			
Purchase of real estate		\$0		\$0			
Purchase, rental or leasing and installation of machinery and equipment		\$0		\$0			
Construction or leasing of plant buildings and facilities		\$0		\$0			
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	0	\$0		\$0			
Repayment of indebtedness		\$0		\$0			
Working capital		\$0	×	\$ <u>11,405,000.00</u>			
Other (specify):		\$0		\$0			
		\$		\$0			
Column Totals		\$	×	\$ <u>11,480,000.00</u>			
Total Payments Listed (column totals added)		⊠ \$ <u>11</u>	,480,000.				

	D. FEDERAL SIGNATURE
signature constitutes an undertaking by the is	gned by the undersigned duly authorized person. If this notice is filed under Rule 505, the follower to furnish to the U.S. Securities and Exchange Commission, upon written request of its staccredited investor pursuant to paragraph (b)(2) of Rule 502
Issuer (Print or Type)	Signature Date
Nanochip, Inc.	March 9, 2004
Name of Signer (Print or Type)	Title of Signer (Print or Type)
Gordon Knight	CEO and Secretary

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

_	E. STATE SIGNATURE
1.	Is any party described in 17 CFR 230.252(c), (d), (e) or (f) presently subject to any of the disqualification Yes No provisions of such rule?
	See Appendix, Column 5, for state response.
2.	The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.
3.	The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
4.	The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.
	ssuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the signed duly authorized person.
Issue	er (Print or Type) Signature Date
Nano	ochip, Inc. March 9, 2004

Title of Signer (Print or Type)

CEO and Secretary

Instruction:

Name (Print or Type)

Gordon Knight

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

				APPI	ENDIX					
1		2	3		4			5		
	to non-a	d to sell accredited rs in State 3-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of inves Amount purchas (Part C-Ite	ed in State		Disqualification Under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes	No	Series B Preferred Stock Financing	Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No	
AL										
AK		:								
AZ							L			
AR										
CA		X	Series B Preferred Stock Financing	4	\$431,639.00	0	0		X	
CO										
СТ										
DE										
DC						1				
FL										
GA										
н										
ID										
IL		X	Series B Preferred Stock Financing	6	\$5,575,045.00	0	0		X	
IN										
IA										
KS										
KY										
LA										
ME										
MD		X	Series B Preferred Stock Financing	2	\$4,200,000.00	0	0		X	
MA										
MI										
MN										
MS										
МО									1	

APPENDIX

1	,	2	3	AI	<u> </u>					
1	Intend to non-a investor	to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and Amount purchased in State (Part C-Item 2)					
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
MT										
NE										
NV										
NH										
NJ										
NM										
NY			Series B Preferred Stock	1	\$50,000.00	0	0		X	
NC										
ND										
ОН										
OK										
OR										
PA										
RI										
SC										
SD										
TN										
TX										
UT	ļ							<u> </u>		
VT										
VA		<u> </u>						<u> </u>		
WA						-		ļ	ļ	
WV				<u> </u>						
WI		-						ļ		
WY										
PR		<u> </u>				<u> </u>		<u> </u>		